

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

202 59

FILING DATE

6-3-88

APPLICANT(S)

Heroszavicz

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		0		2		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18	1		1			
19		2		2		
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26		1		1		
27		1		1		
28		0		2		
29		0		0		
30		0		0		
31		0		0		
32	1		1			
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		0		2		
41		0		2		
42		0		2		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11		11			
TOTAL DEP.	37		43			
TOTAL CLAIMS	48		54			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						